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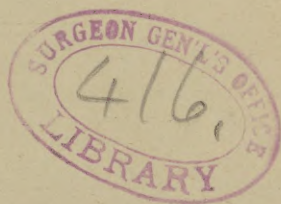
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Recoveries from mental
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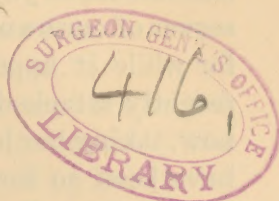


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RECOVERIES FROM MENTAL DISEASE.

By
ISAAC RAY, M.D.

[Read May 7, 1879.]



RESPECTING the curability of insanity, a wide difference of opinion has always existed, and, notwithstanding the improvements made of late years in the care and treatment of the insane, this difference seems to be as wide as ever. It might be supposed, at first sight, that the establishment of hospitals for the insane would have furnished the requisite information, but the only effect these institutions have had thus far, has been to give us a keener sense of our ignorance of the matter. A new phase of the subject has been presented by Dr. Earle, Superintendent of the Hospital for the Insane at Northampton, in his recent Reports; and so confident is he of the correctness of his conclusions, and so many are the commendatory notices he has received, both at home and abroad, that they are entitled to a careful examination.

In his last as in his two next preceding reports, Dr. Earle has examined the matter of *recoveries* as exhibited in the statistics of our hospitals for the insane, and has been struck by some things so different from what might have been naturally expected, that he is led to seek for an explanation. He finds, as a general fact, that thirty or forty years ago, the proportion of recoveries, or cures as they are sometimes called, was

much larger than it has been of late years, and he proceeds to explain the fact in a way that is ingenious if not satisfactory. It cannot be denied that to the observer of our own day the record is somewhat startling, for while it appears that once almost every patient recently attacked, recovered, our statistics show that now, taking our hospitals together, hardly half of them have been so fortunate. This remarkable difference Dr. Earle attributes to two sources of error committed by those who reported the larger proportion of recoveries. One of them he describes as "the special characteristics of the person reporting them—his temperament, his constitutional organization, his psychological individuality." In another place he says, alluding to the medical officers of hospitals for the insane, "they are men 'with like passions as other men.' Self-interest, in some instances, and ambition in perhaps all—that ambition, at least, which is manifest in the desire to show as fair a record and as favorable results as are exhibited by colleagues in the specialty—have probably not been wholly inoperative in reporting recoveries from insanity, even though unconsciously to the persons producing those reports." I am not disposed to deny the correctness of the general principle here stated, but I do question whether it has had all the influence which is here attributed to it. Dr. Earle thinks it has sometimes led to a difference in the number of recoveries as reported amounting to 25 per cent.

Again, Dr. Earle says that "the reported recoveries from insanity are increased to an important extent by repeated recoveries from the periodical or recurrent form of the disease in the same person; and conse-

quently the recoveries of persons are much less numerous than the recoveries of patients or cases; and consequently, from the number of reported recoveries of cases, or patients, it is generally impossible to ascertain the number of persons who recovered."

Undoubtedly, these two sources of error have helped to swell the proportion of recoveries as shown by the statistics, but not to the extent supposed by Dr. Earle. In the nature of the case, physicians would not be likely to agree in their reports of the results of care and treatment in every particular instance. Very often the mental condition of a patient cannot be accurately discerned. One may see traces of disease where to another the cloud seems to have entirely dispersed. Whether a certain patient has thoroughly recovered, or only reached a stage of improvement which may prove to be only a remission in the severity of the disease, may be a matter of opinion more than of fact, on which men may differ without showing any lack of intelligence or honesty. We might appeal to Dr. Earle himself to say whether he has not sometimes hesitated to put upon his records the final decision on this point. Recovery from any disease is the terminal point to which the conservative powers conduct the patient by steps more or less obvious, more or less rapid. One stage of the process we call convalescence, but nobody thinks of indicating the precise moment when convalescence passes into recovery. But the patient is discharged before every doubt is removed, and the result must be definitely reported. Here comes in the influence of temperament, of education, of habits of thinking. One man is well aware that some lingering traces of disease remain;

but the healing process is going on, and he believes that it will have a successful conclusion, that it is only a matter of time—a few weeks more or less—and that whether it occurs inside or outside of the hospital, it may be fairly reported as among the results of hospital treatment. Another man differently constituted sees the same case under a different light. He fears that the traces of disease are still strong enough to make him apprehensive of a relapse, and he shrinks from calling that a recovery which may prove, to his discomfiture, only a temporary improvement. The original fault was in undertaking to give statistical expression to an order of occurrences largely conjectural. It may well be doubted whether the terms *recovered*, *improved*, *much improved*, have been of any use not more than balanced by their inevitable tendency to mislead the reader respecting the curability of insanity. But the public have always wished to know particularly what the hospitals were doing, and, as often happens, thought the information sought for was to be found in a parade of vague, general expressions.

Now, while I do not doubt that the mental constitution indicated by Dr. Earle has been a source of error, yet, admitting the fact as he states it, I am not sure that it explains this difference in the results of the early and the latter period of our hospital history. He gives us no reason to believe that the physicians of our hospitals are constituted very differently from those of an earlier period. The world is not now, and probably never will be, without a class of men of the Mark Tapley sort, always seeing things through a rose-colored medium, and prognosticating happy results.

This being so, we are obliged to look elsewhere for even a partial explanation of the apparently greater success of our predecessors in the treatment of insanity.

Nor am I better satisfied with the other factor of the problem, assigned by Dr. Earle; and that too for a similar reason, even if there were no other. Without denying the fact that some patients have been discharged as recovered more than once, we have no reason to suppose that this mode of reporting results has been changed of late years. If it were a matter of mere honesty, we might possibly think otherwise, but the practice in question springs from the nature of the case, and any practicable change can be only one of degree. The matter is burdened with difficulties, and the Doctor himself leaves it in doubt whether he would require us to report no case as recovered which had been so reported on any previous occasion. He certainly prescribes no rule to be observed. In the case of a person who, having recovered, to all appearance, from a first attack, and having showed no sign of mental disturbance for years, becomes insane again, does he hold that that person never recovered really from the first attack, and ought not to have been so reported? If, however, he believes that it was a genuine recovery, why may he not believe that the second apparent recovery was equally so, inasmuch as the evidence therefor is exactly the same—no trace of disease perceptible for years, and no lack of the usual vigor and competence? And if so where is he to stop? Is not the same evidence just as valid in the case of a third, fourth, or fifth attack? If no person is to be reported as recovered who has a subsequent attack,

then we must wait till he dies before we can certify as to his mental condition when discharged, and that will put an end to all our statistics, which, probably, would be the better course.

I have never supposed that the term recovery, as applied to disease, meant necessarily a perfect restoration of the affected organ to its normal vigor and power of endurance. Even after the most satisfactory recovery, there is left, generally, if not always, a susceptibility to noxious influences, which renders the person far more liable to disease than he otherwise would have been. Yet we do not hesitate to speak of recovery from intermittent fever, for instance, though quite sure that it will re-appear on a renewal of the exciting causes. In our general hospitals, it is the practice, I believe, to discharge patients as recovered, without any reference to the possible recurrence of the disease. Undoubtedly, insanity is more likely to recur than many other diseases, but the difference is only one of degree, and therefore I see no good reason for a different rule in the manner of reporting the results of treatment. Many of the instances of repeated recoveries mentioned by Dr. Earle, were *periodical* in their character. That is, the pathological condition was continuous, with intervals when the more demonstrative symptoms had disappeared. These, certainly were not recoveries, in any true sense of the term, but between them and those complete restorations which are followed by years of uninterrupted soundness, there is a class in which the intervals are not so clearly defined, either in length or in freedom from abnormal manifestations. How to

designate these is not very obvious, and men may honestly differ in their conclusions.

But even at the worst, according to Dr. Earle's own showing, this vicious mode of reporting results fails to account for the difference in question. The Doctor illustrates his position by means of the statistics of the Friends' Asylum at Frankford, whereby it appears that, deducting the cases of attacks subsequent to the first, and regarding those patients only as "permanently cured," who never suffered a second time, the proportion of recoveries in recent cases is reduced from 58.35 per cent. to 48.39 per cent. This amounts to a reduction of only about 17 per cent. of the larger number, which is far less than the conditions of the question require. And this is, probably, an extreme case, for we doubt if in any other hospital the discharges have been at the rate of "one patient recovered fifteen times; another, thirteen; a third, nine; a fourth, eight; and a fifth, seven." True, it is stated that at the Pennsylvania Hospital for the Insane, "one man was admitted on the twenty-second attack and one woman on the thirty-third; six men and six women on the tenth attack; ninety-four persons on the fifth attack; and one hundred and seventy-two on the fourth." From anything said, it does not appear that a single one of these persons was discharged as recovered more than once. Dr. Earle, however, infers to the contrary, because, as he says, "if a person have a thirty-third *attack* of a disease, it necessarily follows that he had previously recovered from thirty-two attacks." This is a tremendous jump at a conclusion based on the vague signification of a single word. We learn from Dr. Kirkbride that no periodical case

was ever discharged as recovered. In his last Report he explained his views on this subject, in a manner eminently fair and reasonable.

“When,” he says, “an individual suffering from insanity is relieved from all indications of mental unsoundness, returns to his home and family without any developed eccentricity, resumes his ordinary relations with society, attends to his business with his usual ability and intelligence, for a year, or even a much less period, we have no hesitation in recording such a case as ‘cured,’ without any reference to the future, about which we can know nothing. We have no power to insure any case, or to say that there may never be another attack. We have no right to assert that a combination of circumstances like that which produced the first, may not cause another; that ill health, and commercial revulsions, and family sorrows, and the many other causes that may have originally developed the disorder, may not again bring on a return of the same symptoms, just as they may produce them in one who has never had an attack of the kind. Five thousand six hundred and ninety-five of those received here never had an attack before. Whatever induced the disease in them, certainly may induce it in those who have already suffered from the same malady, for we cannot expect one attack of insanity to act as a prophylactic, and, like measles or small-pox, to give immunity for the future. But this new attack is no evidence that the patient was not cured of the previous one. If the patient then is well, in the sense in which he is considered well from an attack of typhoid fever, or dysentery, or rheumatism, or a score of other maladies, when another attack is developed, it is as much a new case, and the recovery is a cure as much as it would be if he suffered from any other form of illness, and it ought to be so recorded.”

As then neither the temperament of the physician, nor the repeated counting of periodical cases, accounts

for the larger proportion of recoveries, in the earlier times, we must look for the explanation in another direction, and we shall find it in various agencies that have come into operation in later times.

Fifty years ago, when State hospitals for the insane began to be established, the main purpose for which they were to be used was that of receiving the insane inmates of the jails and almshouses, whose sad condition had arrested the public attention. It was not long before the benefit of hospital treatment became so obvious that it began to be sought for other classes of the insane, slowly increasing at first with the slow growth of confidence. As might have been expected, the earliest of these was that of the violent and dangerous cases that could not be restrained by any domestic arrangements consistent with comfort or decency. Even for the care of such it required a little more than an average intelligence and freedom from prejudice to see in the hospital one of the improvements of the age, destined to meet a fearful exigency in the human condition. It was not until a later period that patients of a different character—the quiet, the desponding, the melancholic—resorted to the hospital. They had excited no fears and conformed somewhat to the domestic requirements. There was no pressing necessity for their removal from home, and the superior fitness of the hospital for the care of such cases was seldom recognized. Now we all know that in the form of disease first mentioned we have the largest proportion of recoveries.

And this result was promoted, unquestionably, by a circumstance too much overlooked in these discussions concerning the curability of insanity. Fifty

years ago the country furnished a larger proportion of patients, as compared with the city, than it ever has since. Their general health was not appreciably impaired, they had spent their days working in the open air, and their natural forces had not been weakened by sensual indulgences. They were in the best possible condition to meet the inroad of mental disease. During this period a remarkable change has been going on in the distribution of our population. It is estimated on good authority that one-third of our population live in cities of 50,000 or more. Seventy-five years ago there was not one city of that size, and fifty years ago there were not more than ten. This great change in our social condition has been accompanied by a steady depreciation of the conservative powers of the constitution, strongly manifested in the physical condition of the patients admitted into our hospitals for the insane. The number attributed to *ill health*, in the table of causes usually given in the annual report, has been steadily increasing.

No array of figures, however, can convey such an impression of this remarkable difference as that derived from a personal observation embracing the whole period. Dr. Bell had good reason for saying, in his Report of the McLean Asylum for 1840, "that the records of this asylum justify the declaration that *all cases certainly recent*—that is, whose origin does not, either directly or obscurely, run back more than a year—recover under a fair trial." In quoting this passage Dr. Earle admits, to use his own words, that "no abler man, intellectually, and no more conscientious man, morally, has been engaged in the specialty of psychology" in this country, and this being so, we

are left in the dark how to explain this statement of Dr. Bell, which Dr. Earle must regard as gross exaggeration of the truth. It might be attributed perhaps to the influence of a sanguine temperament and the practice of curing the same person more than once, did not the sequel, as given by Dr. Earle himself, suggest a very different reason. It seems that in after years Dr. Bell reported a much smaller proportion of recoveries, the proportion pretty steadily diminishing during the latter fifteen years of his service. That is to say, as the community became more and more enlightened as to the beneficent purposes of the asylum, it was more and more resorted to by patients of the less violent kind, and by others affected by those incurable forms of the disease, whose care could be merely custodial. And this leads us to an incident in the history of insanity that must not be overlooked in our estimates of curability.

About forty years ago, when our country was rising from the financial depression that began in 1836, and the means of intercommunication had been greatly increased by railways and ocean steamers, a change began in the social habits of our people, as just intimated, manifested in a distaste for the quiet pursuits of a country life, in surrendering to the allurements of the city, and plunging into the struggle for the great prizes of life. The vitiated atmosphere of crowded streets and dwellings, the seductive appliances of ease and luxury, the mental strain required in the race of competition, the tumult of emotion under the frequent alternations of fortune, all these serve to lower the conservative forces of the system and invite the invasion of nervous disease. The tables

of mortality tell the story in the figures assigned to apoplexy, paralysis, and cerebral congestions, and the records of our census show it in the steadily increasing amount of insanity in the last semicentennial period. Not only did insanity become more frequent, but it also became less curable. And even new forms of disease appeared, and the wards of our hospitals were pervaded by a class of cases utterly unknown before. But little more than thirty years have elapsed since that remarkable affection, General Paralysis, became known to American physicians, and there is no reason to suspect that it had been previously overlooked. Dr. Bell, who first observed it in Europe in 1845, satisfied himself, after a most thorough examination of the case books of the McLean Asylum, that up to that period no instance of it had been observed in that institution, though since then it has been frequent enough.

And we have now other cerebral affections which, once seldom seen in our hospitals, are no longer an extraordinary sight. I refer to those cases which seem to be closely affiliated to general paralysis, but do not present some of its characteristic symptoms. The same may be said of another affection, passing under the various names of Bell's disease, acute delirium, and typho-mania, which is eminently and speedily fatal. In these forms of cerebral disease the patient is insane, certainly, but the insanity is only an incident accompanying a deeper and graver affection, and they of course swell the death record, and to the same extent lessen the proportion of recoveries. Now, therefore, in considering the question in dispute we shall leave out of the account a very import-

ant factor if we overlook this change in the pathological character of mental diseases.

Before leaving the subject I take the opportunity of saying that the experience of our hospitals, as given in their annual reports, is a fallacious test of the curability of insanity. Between this objective result and the facts on which it seems to be founded, there is really no necessary relation. If we had a right to believe that every patient discharged as *improved*, *unimproved*, or *stationary*, was incurable, then we might take the construction usually placed on the record. But we well know that such discharges indicate not the incurability of the disease so much as the impatience, or perversity, or straitened means of the friends. Nothing can be further from the truth than the idea that they represent the results of a fair trial of hospital treatment. It is not at all unlikely that under such a trial of recent cases, at least twelve or fifteen per cent. would be added to the number of recoveries. In order to approach a correct estimate of the curability of insanity, two requisites are still needed, viz., that every case should have a fair trial, and that the subsequent history of every case discharged should be ascertained. Without these, and we are not very likely to have them in our day, we can never have an estimate of the curability of insanity with any claim to scientific accuracy.

These then, I believe, are the points which I have fairly made, viz.:—

I. Those qualities of temperament which lead men to unduly magnify their achievements are as common at one time as at another.

II. The practice of reporting cases instead of per-

sons has not been confined to any particular period, and therefore, while it may vitiate our estimate of the curability of insanity, it cannot make the proportion of recoveries larger or smaller at one period than at another.

III. Cases marked by high excitement entered our hospitals in a larger proportion to those of an opposite character fifty years ago than they do now.

IV. Under the influences of highly civilized life the conservative powers of the constitution have somewhat depreciated, and to that extent impaired the curability of insanity.

V. During the last fifty years, cerebral affections in which insanity is only an incident, have been steadily increasing, and thus diminishing the proportion of recoveries.

